

## AREA COMMISSION APPOINTMENT FORM

The Department of Neighborhoods maintains the database for the Area Commission members in the City of Columbus. The information on this form is used to process the Mayor's appointment and ensure timely and accurate distribution of meeting notices, training opportunities, and other City activities. Please complete all sections of the form with information about your recently elected/appointed commissioner within seven (7) days of the election/appointment. After completing and signing this form, please return it, along with the appointees resume and/or biography to your Neighborhood Liaison via email. Please contact your Neighborhood Liaison with any questions or comments.

Please Type Area Commission Name Columbus South Side Area Commission Please check Are there changes to this New appointment appropriate box information? Yes \( \subseteq \text{No } \Box Reappointment X First Name Lillie Last Name Banner Title (i.e. officer/ Commissioner commissioner) 224 Hosack Avenue Address Columbus City Ohio State 43207 Zip Code 614-395-0580 Home Telephone Work Telephone **Email Address** peace banner@att.net District/Designation District 9 Term Start Date 01/01/2024 12/31/2026 Term Expiration Seat Succession Re-elected

Area Commission Chair Signature fumile Huffin

\*\*\*ALL SECTIONS OF THIS FORM MUST BE COMPLETED\*\*\*

DISCLAIMER: all information and materials that you submit in support of your appointment as an area commissioner are subject to Ohio Public Records Law